



Office of Academic Affairs
222 Station Plaza North, Suite 510
Mineola, NY 11501

2010 CHECK-OUT FORM
(Completing Internship/Residency/Subspecialty)

NAME: _____ DATE: _____

PROGRAM: _____

DEPARTMENTS PLEASE SIGN BELOW & DATE

- | | |
|---|-----------------|
| <p>1. Library
• Return books</p> | <p>1. _____</p> |
| <p>2. Laundry
• Return lab coats</p> | <p>2. _____</p> |
| <p>3. Medical Records (Main Hospital/1st Flr.)
• Medical Records to review & sign-off on chart completion</p> | <p>3. _____</p> |
| <p>4. Residency Coordinator
• Return pager
• Return prescription pads</p> | <p>4. _____</p> |
| <p>5. Security (222 Bldg #200)
• Return ID Badge</p> | <p>5. _____</p> |
| <p>6. Housing Coordinator (222 Bldg #200)
• Return housing key</p> | <p>6. _____</p> |
| <p>7. Academic Affairs (222 Bldg #510)
• Return Check-Out Form
• Return Forwarding Address Form
• Complete tasks within New Innovations
• Complete CITI course</p> | <p>7. _____</p> |

Mail security deposit to the following address: _____
(security deposit may take 6-8 weeks to receive)

BEFORE YOU CAN RECEIVE YOUR FINAL PAYCHECK, ALL SIGNATURES MUST APPEAR ON THIS CLEARANCE FORM.

Please return this form to the Office of Academic Affairs during regular business hours 9am-5pm.